

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		5/4
O.I.P.E. CLASSIFIER		41	5/10
FORMALITY REVIEW	CT	50708	6-1-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	12/10/02
2	12/10/02
3	12/10/02
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50	12/10/02

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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